

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212510940</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>DAVID J GOGAL BLANKINGSHIP &amp; KEITH 4020 UNIVERSITY DR STE 300  FAIRFAX, VA 22030</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/28/2012</b></p> <p>SCC ID NO: <b>00960385</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3200 MOUNT VERNON MEMORIAL HIGHWAY</p> <p style="text-align: center;">CITY/ST/ZIP: MOUNT VERNON, VA 22121</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARGI ALLISON  TITLE: SECRETARY  ADDRESS: 3801 EAST PROSPECT STREET  CITY/ST/ZIP/CO: SEATTLE, WA 98112 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MARGI ALLISON TITLE: SECRETARY ADDRESS: 3801 EAST PROSPECT STREET CITY/ST/ZIP/CO: SEATTLE, WA 98112	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARGI ALLISON TITLE: SECRETARY ADDRESS: 3801 EAST PROSPECT STREET CITY/ST/ZIP/CO: SEATTLE, WA 98112	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARIBETH BORTHWICK  TITLE: TREASURER  ADDRESS: 1056 AMALFI DRIVE  CITY/ST/ZIP/CO: PACIFIC PALISADES, CA 90272 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MARIBETH BORTHWICK TITLE: TREASURER ADDRESS: 1056 AMALFI DRIVE CITY/ST/ZIP/CO: PACIFIC PALISADES, CA 90272	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ANN BOOKOUT  TITLE: REGENT  ADDRESS: 3620 WILLOWICK RD  CITY/ST/ZIP/CO: HOUSTON, TX 77019 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: ANN BOOKOUT TITLE: REGENT ADDRESS: 3620 WILLOWICK RD CITY/ST/ZIP/CO: HOUSTON, TX 77019	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Florence Davis  TITLE: DIRECTOR  ADDRESS: 929 Tyne Blvd  CITY/ST/ZIP/CO: Nashville, TN 37220, US,US </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: Florence Davis TITLE: DIRECTOR ADDRESS: 929 Tyne Blvd CITY/ST/ZIP/CO: Nashville, TN 37220, US,US	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Clare Edwards  TITLE: DIRECTOR  ADDRESS: 825 Prospect Ave  CITY/ST/ZIP/CO: West Hartford, CT 06105 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: Clare Edwards TITLE: DIRECTOR ADDRESS: 825 Prospect Ave CITY/ST/ZIP/CO: West Hartford, CT 06105	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Gay Gaines  TITLE: DIRECTOR  ADDRESS: 1473 N. Ocean Blvd  CITY/ST/ZIP/CO: Palm Beach, FL 33480 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: Gay Gaines TITLE: DIRECTOR ADDRESS: 1473 N. Ocean Blvd CITY/ST/ZIP/CO: Palm Beach, FL 33480	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	Lucia Henderson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	The Chapel Hill Farm		
	PO Box 797		
CITY/ST/ZIP/CO:	Berryville, VA 22611		
NAME:	Bonnie Henke	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3449 S. Atlanta Place		
CITY/ST/ZIP/CO:	Tulsa, OK 74105		
NAME:	Betsy Holdsworth	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 Village Road		
CITY/ST/ZIP/CO:	Green Village, NJ 07935		
NAME:	Virginia Lane	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 Gillon Street		
CITY/ST/ZIP/CO:	Charleston, SC 29401		
NAME:	Barbara Lucas	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6443 Cloister Gate Dr		
CITY/ST/ZIP/CO:	Baltimore, MD 21212		
NAME:	Adrienne Mars	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	405 East Buckwheat Circle		
CITY/ST/ZIP/CO:	Jackson, WY 83001		
NAME:	Liz Mauran	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	151 Power Street		
CITY/ST/ZIP/CO:	Providence, RI 02906		
NAME:	CAMERON MAYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1726 Bordeaux Street		
CITY/ST/ZIP/CO:	New Orleans, LA 70115		
NAME:	LISA MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	158 WOODLAND DRIVE		
CITY/ST/ZIP/CO:	STAUNTON, VA 24401		
NAME:	ANNE NEAL PETRI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3333 PROSPECT STREET, N.W.		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007		
NAME:	SUSAN REEDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	756 NORTH FIFTH AVENUE		
CITY/ST/ZIP/CO:	LAUREL, MS 39440		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELODY RICHARDSON DIRECTOR 16 ELMHURST PLACE CINNCINNATI, OH 45208	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA RUTHERFORD DIRECTOR 213 LEVERT AVENUE MOBILE, AL 36607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREA SAHIN DIRECTOR 50 BRIMMER STREET BOSTON, MA 02108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN SCOTT DIRECTOR 150 CARONDELET PLAZA, #1403 ST. LOUIS, MO 63105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN SHERRILL DIRECTOR 191 HIGHWOOD LANE WINSTON-SALEM, NC 27104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSY TOWNSEND DIRECTOR P.O. BOX 4605 GREENVILLE, DE 19807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH COULSON DIRECTOR 1100 BARBARRY ROAD BRYN MAWR, PA 19010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE CRUMPACKER DIRECTOR 02107 S.W. GREENWOOD ROAD PORTLAND, OR 97219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARGI ALLISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARGI ALLISON, PRINTED NAME AND CORPORATE TITLE	3/28/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			